

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

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UNITED STATES DISTRICT COURT

MAR - 3 2022

for the

Western District of Texas

CLERK, U.S. DISTRICT CLERK
WESTERN DISTRICT OF TEXAS

SAN ANTONIO Division

BY BA NEBITV

SA22CA0199

Case No.

(to be filled in by the Clerk's Office)

Zavala Mark A

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one)

☒ Yes☐ No

FB

Texas Hca Hh Human Etc

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

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I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name ZAVALA MARK A
 Address note P.O. Box 172 Second St Lot 11J
Knippa TX 78870
City State Zip Code
 County Uvalde
 Telephone Number 830 930 - 2033
 E-Mail Address _____

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name AMERICA GROUP INSURANCE
 Job or Title (if known) _____
 Address P.O. Box 61010
Virginia Beach VA 23466
City State Zip Code
 County _____
 Telephone Number 1-800-600-4441
 E-Mail Address (if known) _____

☒ Individual capacity ☒ Official capacity

Defendant No. 2

Name ANTHEM Company
 Job or Title (if known) _____
 Address 830 261 2875
City State Zip Code
 County _____
 Telephone Number _____
 E-Mail Address (if known) _____

☒ Individual capacity ☒ Official capacity

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Defendant No. 3

Name

Job or Title (if known)

Address

AMERICAN MEDICAL RESPONSE
(AKA) ACCESS TO CARE
7509 South Freeway Houston
Houston TX 77021

County

Telephone Number

E-Mail Address (if known)

Tele # 1-866-849-2062 AMR
1-844-862-2837 ACCESS to care



Individual capacity



Official capacity

Defendant No. 4

Name

Job or Title (if known)

Address

TEXAS Health and Human
Service

City

State

Zip Code

County

Telephone Number

E-Mail Address (if known)

1-877 541 - 7905



Individual capacity



Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

freedom of speech - Amendment
Fourteenth Amendment
Amendment section (c) not deny to any
person within its jurisdiction the equal
protection of the laws

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Documents that plaintiff would provide would state facts

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?
 From 2016 until now. I would provide documents to support fact. I would not provide name until the motion with documents I would file. They said access to case states they
- B. What date and approximate time did the events giving rise to your claim(s) occur?
 phone records, document would be provide with omnibus motion. this violations had been going on for years, ^{with their}
- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)
 I have not get paid for going to my doctors appointment, I have been treated unfairly. by individuals from Department Department (S).

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Depress, anger, Health issues pain
and suffering lose of time
emotional distress mental distress
direct discrimination | bad faith denial /
disability discrimination | wrongful denial benefits
Invidious discrimination | deprivation
discretionary damages | development my
consequential damages | business and Dreams
punitive damages

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I want to get the proper Attention, get paid
for my pain and suffering and loss of
time and work, Building and fixing my
Home and mobile Home and getting
my Dream finish
lost of time

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Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

2-4-22

Signature of Plaintiff

Printed Name of Plaintiff

Mark A. Zarain
 MARK A ZARAIN

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address